

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM
460
RECEIVED
JUL 26 2005

 City Clerk
 City of Lodi
Page 1 of 7

For Official Use Only

Statement covers period

from 01-01-05through 06-30-05

Date of election if applicable:

(Month, Day, Year)

11-02-04

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Candidate/
 Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☒ Special Odd-Year Report
☐ Supplemental Preelection
 Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1267403

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends of JoAnne Mounce

STREET ADDRESS (NO P.O. BOX)

437 E ELM

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

209.333.2814

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Constance Zweifel

MAILING ADDRESS

435 E ELM

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

209.367
1807

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7-26-05

Date

Executed on

07-26-05

Date

Executed on

Date

Executed on

Date

By

Constance Zweifel
 Signature of Treasurer or Assistant Treasurer

By

JoAnne Mounce
 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JoAnne Mounce

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

437 E ELM. Lodi. CA. 95240

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|-------------------------------|
| Statement covers period from <u>01.01.05</u> through <u>06.30.05</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>7</u> | I.D. NUMBER <u>1267403</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends OF JoAnne Mounce

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ <u>808.22</u> | \$ <u>808.22</u> |
| 2. Loans Received | Schedule B, Line 7 | <u>(1,850.00)</u> | <u>.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ <u>(1,041.78)</u> | \$ <u>(1,041.78)</u> |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | <u>.00</u> | <u>.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ <u>(1,041.78)</u> | \$ <u>(1,041.78)</u> |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ <u>—</u> | \$ <u>—</u> |
| 21. Expenditures Made | \$ <u>—</u> | \$ <u>—</u> |

Expenditures Made

| | | | |
|--|----------------------|------------------|------------------|
| 6. Payments Made | Schedule E, Line 4 | \$ <u>441.98</u> | \$ <u>441.98</u> |
| 7. Loans Made | Schedule H, Line 7 | <u>.00</u> | <u>.00</u> |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ <u>441.98</u> | \$ <u>441.98</u> |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | <u>.00</u> | <u>.00</u> |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | <u>.00</u> | <u>.00</u> |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ <u>441.98</u> | \$ <u>441.98</u> |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
|--|---------------|
| Date of Election (mm/dd/yy) | Total to Date |
| <u>1/1/05</u> | \$ <u>—</u> |
| <u>1/1/05</u> | \$ <u>—</u> |
| <u>1/1/05</u> | \$ <u>—</u> |
| <u>1/1/05</u> | \$ <u>—</u> |
| <u>1/1/05</u> | \$ <u>—</u> |

Current Cash Statement

| | | |
|---|---|-------------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ <u>99.51</u> |
| 13. Cash Receipts | Column A, Line 3 above | <u>(1,041.78)</u> |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | <u>1384.25</u> |
| 15. Cash Payments | Column A, Line 8 above | <u>441.98</u> |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>.00</u> |

If this is a termination statement, Line 16 must be zero.

| | | |
|------------------------------------|--------------------|---------------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ <u>.00</u> |
|------------------------------------|--------------------|---------------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|---------------|
| 18. Cash Equivalents | See instructions on reverse | \$ <u>.00</u> |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ <u>.00</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 01-01-05
through 06-30-05

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I.D. NUMBER
1267403

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of JoAnne Mounce

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------------|---|--|
| 06-29-05 | JoAnne L. Mounce 437 E. ELM Lodi CA 95240 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed Bookkeeping Service | 808.22 | 808.22 | - |
| - | - | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | - | - | - | - |
| ✓ | - | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | - | - | - | - |
| - | ✓ | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ✓ | - | - | - |
| - | ✓ | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ✓ | - | - | - |

SUBTOTAL \$808.22

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 808.22
2. Amount received this period – unitemized contributions of less than \$100 \$ 0
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 808.22

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period

from 01-01-05

through 06-30-05

CALIFORNIA
FORM 460

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I.D. NUMBER

1267403

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of JoAnne Mounce

| FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD * | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|---|---|--|--|---|
| JoAnne Mounce 437 E Elm Lodi CA 95240 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner of JoAnne's Bookkeeping | \$ 1,850.00 | \$ 0 | <input checked="" type="checkbox"/> PAID \$ 1041.78 <input checked="" type="checkbox"/> FORGIVEN \$ 808.22 | \$ 0 06.30.05 DATE DUE | 0% RATE | \$ 2,000- 09.13.04 DATE INCURRED | CALENDAR YEAR - PER ELECTION ** - |
| / | / | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE | \$ DATE INCURRED | CALENDAR YEAR - PER ELECTION ** - |
| / | / | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE | \$ DATE INCURRED | CALENDAR YEAR - PER ELECTION ** - |
| SUBTOTALS \$ | | \$ 0 | \$ 1850.00 | \$ 0 | \$ 0 | \$ 0 | | |

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ (1850.00)
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ (1850.00)
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

*Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

† Contributor Codes

IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01-01-05
through 06-30-05

SCHEDULE E
CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends OF JoAnne Mounce

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

Table with 4 columns: NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER), CODE OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Row 1: Chamber of Commerce, 124 Church, Lodi, 95240, CMP, Advertising, 100.00.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 100.00
2. Unitemized payments made this period of under \$100 \$ 341.98
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 441.98

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01-01-05
through 06-30-05

SCHEDULE I
CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends OF JoAnne Mounce

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|----------------------------------|----------------------------|
| 02-15-05 | city OF Lodi Box 3006 . Lodi . CA 95241 | overpayment of Candidate Stmt | 278.10 |
| 02-20-05 | Comcast Tam O'Shanter Stockton CA 95210 | overpayment OF Cable Ads | 1106.15 |
| ✓ | ✓ | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1384.25

Schedule I Summary

1. Increases to cash of \$100 or more this period. \$ 1384.25
2. Unitemized increases to cash under \$100 this period. \$.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$.00
4. Total miscellaneous increases to cash this period: (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$ 1384.25